

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|--|--|---|--|--|--|--|-------------|--|---------------|-----------|--|
| 1. Name and Address of Committee NP PAC 1200 South Acadian Thruway Suite 206 Baton Rouge, LA 70806 Check If: New Committee <input type="checkbox"/> | 2. Date of this Statement <div style="text-align: right;">1/9/2005</div> | Report Number: 7899 Date Filed: 1/9/2005 | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: right;">2</div> | | | | | | | | | | |
| | 4. Amended Statement? <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>YOLANDA ROBERTSON</td> <td>Chairperson</td> <td>9659 Mesa Verde Baton Rouge, LA 70814</td> </tr> <tr> <td>SOPHIA THOMAS</td> <td>Treasurer</td> <td>209 Hector Ave Metairie, LA 70005</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | YOLANDA ROBERTSON | Chairperson | 9659 Mesa Verde Baton Rouge, LA 70814 | SOPHIA THOMAS | Treasurer | 209 Hector Ave Metairie, LA 70005 |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | |
| YOLANDA ROBERTSON | Chairperson | 9659 Mesa Verde Baton Rouge, LA 70814 | | | | | | | | | |
| SOPHIA THOMAS | Treasurer | 209 Hector Ave Metairie, LA 70005 | | | | | | | | | |
| 6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3">On attached sheet</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | On attached sheet | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | On attached sheet | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee | | | | | | | | | | | |
| b. Name of Candidate | c. Office Sought by the Candidate | | | | | | | | | | |
| 9. a. Name of Person Preparing Report b. Daytime Telephone | | | | | | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>9th</u> day of <u>January</u> , <u>2005</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> <u>Yolanda Robertson</u> Signature of Committee/Chairperson </td> <td style="width: 40%; vertical-align: top;"> <u>225-924-5498</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Sophia Thomas</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> <u>504-348-2566</u> Daytime Telephone </td> </tr> </table> | | | <u>Yolanda Robertson</u> Signature of Committee/Chairperson | <u>225-924-5498</u> Daytime Telephone | <u>Sophia Thomas</u> Signature of Committee Treasurer, if any | <u>504-348-2566</u> Daytime Telephone | | | | | |
| <u>Yolanda Robertson</u> Signature of Committee/Chairperson | <u>225-924-5498</u> Daytime Telephone | | | | | | | | | | |
| <u>Sophia Thomas</u> Signature of Committee Treasurer, if any | <u>504-348-2566</u> Daytime Telephone | | | | | | | | | | |

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

b. Address

c. Relationship to Committee

LOUISIANA ASSOCIATION OF
NURSE PRACTITIONERS

1200 south Acadian Thruway
Suite 206
Baton Rouge, LA 70806

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

b. Address

HIBERNIA NATIONAL BANK

PO Box 61540
New Orleans, LA 70161